

Pioneering Change

Measuring Change Education Module



to
Promote **E**xcellent **A**lternatives in **K**ansas
Nursing Homes

ABOUT THIS MODULE

This educational module is intended for use by nursing homes who wish to promote more social, non-traditional models of long-term care. The intent of this module is to assist organizations in implementing progressive, innovative approaches to care that should make a significant difference in the quality of care and the quality of life for those living and working in long-term care environments.

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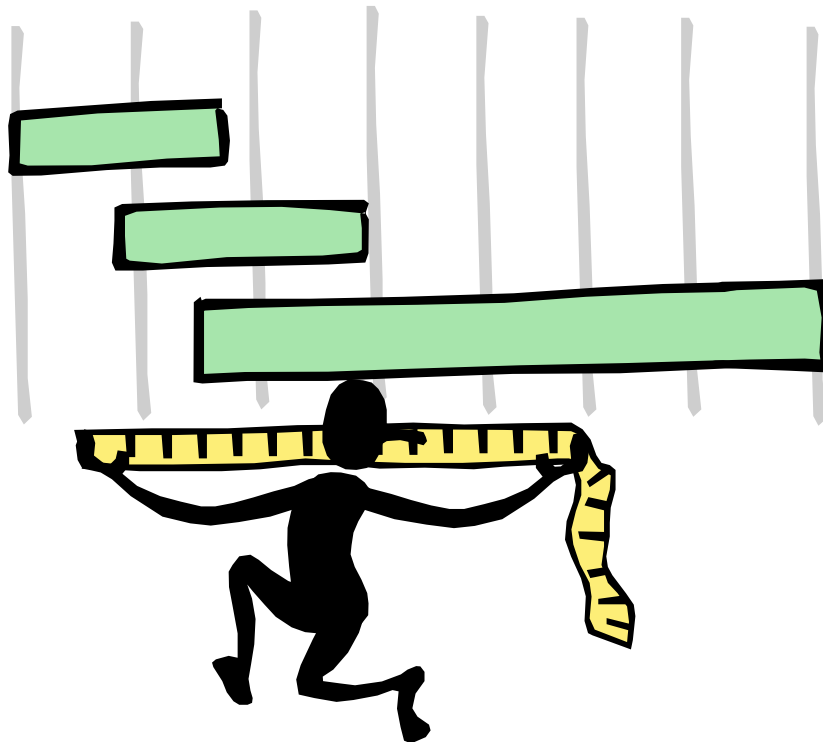
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Module Objectives:

1. To understand process and outcome measures.
2. To be able to apply appropriate outcome and process measures for culture change projects.
3. To understand the importance of and the utility of measurement for the advancement of quality of life issues.





Measuring Change

Introduction/ Why is measurement important?

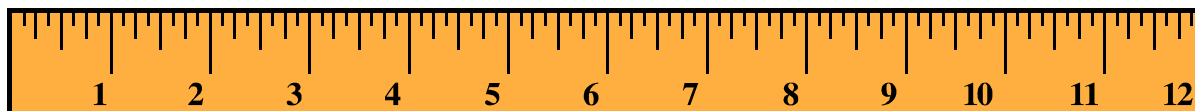
For culture change to advance it will need support from legislative and regulatory factions. That support, perhaps in the form of incentives and flexible regulations, is more likely to occur if culture change factors can be established as having provided cost savings as well as improvements in the quality of life. Support from boards or owners may also hinge upon providing a cost savings. Because of this there is a direct need for clear outcomes linked to culture change philosophies.

Nursing homes are no strangers to data collection. The following page shows a list of the primary sources of data currently being collected in long-term care facilities at this time. Despite this emphasis on outcome measures, know-how or the time to translate this information into statements about what is and what is not being affected by cultural changes is sometimes lacking. When asked about the effects of these changes, replies usually tend toward the anecdotal---single incidents of resident improvement or satisfaction, or statements like “we don’t have any slumpers any more.” Qualitative analysis is important but may not be enough to influence owners, boards and legislators to support culture change.

Influencing funders and regulators is not the only reason to evaluate the work you do. Measurement is critical for finding out what works and what doesn’t work. Corporate businesses don’t rely on intuition or moral values to provide the basis for change processes. They depend on critical analysis of the outcomes related to the change process. One intent of the OBRA legislation was to try to get long-term care providers to think in the same general terms.

Carter McNamara (1998) states “Too often, service providers rely on their own instincts and passions to conclude what their customers or clients really need and whether the products or services are providing what is needed. Over time, these organizations find themselves in a lot of guessing about what would be a good product or service, and trial and error about how new products or services could be delivered.”(www.mapnp.org/library/evaluation/fnl_eval.htm, p.3)

Measurement can also provide information about how to improve delivery mechanisms in such a way that they provide optimal results without additional increases in expenditures. Evaluations can identify strategy strengths and weaknesses and be used to bring additional improvements.





There is also a chance that you might not be doing what you think you are doing. Culture is made up of several levels, some that are easy to understand and some that are not. On the surface, the culture change may be going well while problems lie hidden beneath the surface. Evaluation will help to determine if the intended goals are being met.

Perhaps the primary reason for doing measurement is to encourage organization members to excel.

Outcome Measures			
Clinical Outcomes	weight loss/gain	Resident Satisfaction	quality of care
	pressure sores		quality of life:
	infection control		dignity
	medication		safety/security
	laxatives		relationships
	supplements		staff
	activities		activities
HR indicators	staffing	Reg. Compliance	privacy
	open FTEs		survey deficiencies
	turnover		OSHA complaints
	retention		OHFC complaints
	education		JCAHO surveys
	satisfaction	Safety/risk manage.	life safety codes
	absenteeism		safety committee
	sick leave/no-shows	Financial indicators	incident reports
	workers' compensation		census
			department budget



Thoughts about Measuring Change excerpted from Leadership Books

A number of popular leadership books have included information about measuring change and why it is important. In his book, *Teaching the Elephant to Dance: The Manager's Guide to Empowering Change*, James Belasco has this to say about measurement:

Measure it—or forget it!...What gets measured gets empowered and produced. So measure the behavior you expect. In bowling you roll the ball down the alley and count the number of pins still standing (hopefully none!) to see whether you met the standard (Belasco, 1990, p. 158).

Belasco elaborates on this point in *Flight of the Buffalo: Soaring to Excellence, Learning to Let Employees Lead*. To stress the importance of measurement for the ability of organization members to excel he returns to the bowling example. “How many would keep bowling if you hung a sheet over the pins so they couldn’t see how they did on every roll?”

Belasco asserts that this is the way it is in most companies, that staff members do not know how the things they do affect the organization. Any information they do receive is typically dated or unrelated to things that they did.

People want so much to measure their performance that they will develop their own methods if not given instruction in how to do it. The rest of the chapter describes Belasco’s philosophy of guiding organization members to perform better through performance measurement. His belief is that people don’t perform better because they are happier, they are happier because they perform better, so constant and current feedback is important.

Kenneth Blanchard and Robert Lorber in *Putting the One Minute Manager to Work: How to Turn the 3 Secrets into Skills*, describe what they call the PRICE system. The components are: P=Pinpoint: Determine the performance area of interest; R=Record: Measure current performance level on a graph; I=Involve: Agree on performance goals and strategies for coaching and evaluation; C=Coach: Observe performance and manage consequences; E=Evaluate: Track performance progress and determine future strategies.





Resources for Measuring Change:

There are many excellent resources available on the internet for understanding program evaluation. None of them are specific to long-term care or culture change and will need adaptation. However, they do an excellent job of simplifying the skills necessary and with providing viable reasons for committing to measuring for success.



Books:

Belasco, J., (1990). *Teaching the Elephant to Dance: The Manager's Guide to Empowering Change*, New York: Penguin Books.

Belasco, J. & Stayer, R. (1994). *Flight of the Buffalo: Soaring to Excellence, Learning to Let Employees Lead*. New York: Warner Books, Inc.

Blanchard, K., & Lorber, R. (1984). *Putting the One Minute Manager to Work: How to Turn the 3 Secrets into Skills*. New York: William Morrow and Company, Inc.



Web Sites:

The University of Wisconsin--Extension provides a worksheet that helps organizations assess what it is they wish to evaluate and why.

www.uwex.edu/ces/pubs/pdf/G3658_1W.PDF

Many of you may appreciate the title to this resource: Basic Guide to Outcomes-Based Evaluation for Nonprofit Organizations with Very Limited Resources.

www.mapnp.org/library/evaluatn/outcomes.htm. This site provides lots of basic information and some good links.

Also available by the same author: Basic Guide to Program Evaluation.

www.mapnp.org/library/evaluatn/fnl_eval.htm



Start at the End

The current culture change movement has created a ground swell of organizations jumping on board. Some put a great deal of effort into planning the end result of the change in their community while others adopt pieces of culture change simply because they have heard it was working for someone else and perhaps also because of the fear that if they did not institute culture change, the baby boom generation would pass them by and select another option. In other words, some facilities are selecting the intervention without clearly defining what they are wanting to affect.

Culture change is more likely to succeed if organizations plan for it by working backwards. What is the end goal? If the end goal is quality of life for the residents, then there may be a long list of interventions or strategies that could be implemented toward that goal. Many of these interventions have been suggested by the Pioneer Network objectives. You can revisit that list on page 30 of the culture change module.

Quality of life for staff and residents alike may be the umbrella goal that embraces many smaller goals. End goals of stable workforce, stable census, zero deficiencies, and many others are more specific than quality of life and it is possible to be more specific with selecting the processes that will lead to

these end results. For example, it is not likely that buffet dining will have a direct effect on an end goal of zero deficiencies but perhaps a continuous learning environment with mentoring and improved orientation processes would.

Definitions: It is important here to define the difference between measuring the end results or outcomes, and measuring the process that leads to the outcomes.

Outcomes evaluation means a measurement that will look at impacts/benefits/changes in the residents and/or staff as a result of your strategy's efforts.

Process evaluation means examining the factors that tell you how well things are going before you get to the actual result.



Example: A simple example demonstrating these two types of measurement might have to do with baking cookies. The result or *outcome*, might be how many good cookies vs. how many burnt cookies in a batch. The



process data that you collect might be the temperature you set the oven, the type of baking sheet used, the accuracy of the oven thermostat, and so on. Both types of information are important.

Case Study: *A university professor was explaining to a group of nursing home administrators and staff members the expected benefits from culture change. She listed reduction in medication use, reduced staff turnover, improvements in resident engagement as well as quality of life. However, she also acknowledged the possible expenditures necessary to support and maintain organizational change. During the question/answer period one administrator stated that he would not be committing to culture change unless someone could prove what the effect would be to his financial picture.*



Questions for reflection:

List the outcomes from the case study.

What processes could be examined that would lead to the outcomes listed?

Develop a logical plan to persuade the cost-conscious administrator to give culture change a try.

Activity: Put an ✕ before the items that you believe to be outcomes and a ✓ before those that are process goals.

- ☐ Reducing incidence of incontinence
- ☐ Prompted toileting every two hours
- ☐ Behavior-based interviewing
- ☐ Mentoring for new staff members
- ☐ Reduced staff turnover
- ☐ Increased resident satisfaction
- ☐ Implement a new dining policy

Answers can be found on the next page.



Writing Goals and Objectives

One of the best ways to be sure that you have measurement tools in place is to write clear, concise goals and objectives. The objective “By June 30, 2004, we will have eliminated the use of agency in our building,” provides a definitive ability to assess the effectiveness of the process that is instituted to achieve the goal. Either you make it or you don’t. Of course, if you implement a multi-faceted plan to achieve your goal you will have to determine which parts of the plan failed or were effective. For instance, if the organization failed to end the reliance on agency it could be because staff recruitment failed, it could be because of administrative turnover in the middle of the process, or it could be because of outside environmental issues like low unemployment rates.

Setting reasonable and achievable goals allows a feeling of success when those goals have been met, making it more likely that further goals can be accomplished. It is important to set short-term as well as long-term goals with this success factor in mind.

Refer to the goal setting activities in the



culture
change
module on
page 25.

Answers from previous page:

outcome (✗), process (✓), process (✓),
process (✓), outcome (✗), outcome (✗),
process (✓).

Measuring Outcomes from Managed Evolution

As you may remember from the culture change module, most nursing homes change in one of three ways. Either they have **evolutionary change** which is the slow process of changing due to environmental factors like staff turnover or regulatory processes, or they may have a **revolutionary change** which is typically a process of changing a number of factors all at the same time. Many organizations will attempt a “**managed evolution**,” which can be characterized as evolution pushed along by a strategic plan. Typically, these organizations will change cultures incrementally with a step-by-step methodology. In this type of environment, measurement is easier than in the environment experiencing revolutionary change because taking change one intervention at a time allows time to measure the effect of each strategy. When you are ONLY implementing a project to promote good end-of-life care, you can pretty well predict that it is the factor that is affecting resident satisfaction if a change is seen. If you are implementing end-of-life programs at the same time you are changing the physical environment and promoting self-managed work teams, it



will be difficult to determine which of these factors was the driving force in the outcomes experienced.

In the following section we will review each of the Pioneering Change culture change objectives. Each objective will be given process factors (interventions for the objective) and possible outcomes that may be affected by the process. These are only examples, there could be many more outcomes and process variables possible.

Return the Locus of Control to Residents

1. Assist residents in determining their own daily schedules.

Process:

- learning circles
- expanded activity programs
- consistent staffing

Outcomes:

- resident engagement
- reduced problematic behaviors
- reduced anti-anxiety medication
- improved resident quality of life



When residents determine their own schedules they feel a renewed sense of control.

These opportunities can be increased with learning circles, where residents take turns speaking up about things that are important to them. It is also important that they can select from a variety of available choices. This is possible with changes in activity programs by providing a greater variety and paying more attention to individual desires. Consistent staffing improves the likelihood of residents' control because residents usually feel more comfortable talking about their desires with someone they know well.

2. Restore choices about eating.

Process:

- buffet dining
- four and five meal plans
- family-style dining
- Russian dining
- personal preference snacks stored near the resident

Outcomes:

- reduced plate waste
- reduced weight loss
- reduced use of supplements
- increased resident satisfaction
- improved resident quality of life



Eating is one of the most enjoyable experiences for the nursing home elder. Choosing what, when, and where to eat improves the resident's sense of control



over his/her environment. Several different types of dining experiences have proven beneficial in improving resident choice. These include buffet dining, and family-style dining, as well as four and five meal plans. Russian dining is serving at the table from a double sided bowl which allows an alternative for resident selection. Many facilities are now stocking favorite snacks in cabinets and refrigerators near resident rooms.

3. Provide options for keeping clean.

Process:

- spa bathing
- towel baths
- sponge baths
- resident-selected times for bathing

Outcomes:

- reduced problem behaviors
- reduced skin tears
- improved resident satisfaction
- reduced staff time

Care providers are beginning to realize that traditional nursing home bathing can be traumatizing for the resident. Many are introducing soothing environmental factors as well as providing residents with various options for bathing experiences. Results have been positive for caregivers as well as the residents.

4. Support continence for as long as possible.

Process:

- consistent staffing
- prompted toileting/toileting plans
- room design
- physical exercise

Outcomes:

- reduction of incontinence pads
- improved resident satisfaction
- improved skin condition
- improved resident quality of life

When staff members know the residents very well, as they will when they are permanently and consistently assigned, they will also know the resident's personal habits and can anticipate bathroom needs.

Room designs, where the resident has a clear view of the toilet at all times also helps

residents to be reminded to go to the bathroom. Exercise can reduce the incidence of incontinence either through improving the pelvic musculature or through strengthening the muscles necessary for residents to get themselves to the bathroom.





5. Promote all remaining capacities for self-care and mobility.

Process:

- expanded restorative programs
- consistent staffing
- strong volunteer programs
- incentive programs

Outcomes:

- increased resident satisfaction
- improvements in QIs
- increased engagement
- improved behaviors
- fewer falls

Frequently, staff “do for” residents out of the fear that residents may fall or hurt themselves. While the following paragraph refers to the use of restraints it also describes the “learned helplessness” phenomenon that many residents experience:

The restraint policy’s effects on them were apparent. People who had walked into the facility on admission could barely walk to the bathroom with the assistance of two caregivers one month later. Remove their restraints? No! They might fall, break a hip, and we would be sued. We had rendered them helpless in 30 days and crippled them safely (Blakeslee, 1988, p. 833).

The loss of physical abilities may involve diminished communication, changes in self-identity, deteriorated mood states, and limitations in self-actualization.

There is a perception that maintaining physical abilities is costly because it requires more staff time. However, this expenditure could be recovered in the prevention of hip-fracturing falls that would require higher staffing for two person lifts not to mention the satisfaction of seeing a resident do well.

6. Promote quality end-of-life care.

Process:

- work with doctors to promote hospice
- teach staff hospice principles
- spirituality assessments
- maintain connections with family

Outcomes:

- increased family satisfaction
- improved staff morale
- improved quality of life for residents

Why does attention to end-of-life practices in a nursing home lead to quality of life in residents? When residents see that their peers who die in the home are honored at the time of death they know that they, too, have value and that their passage will mean something to the nursing home community.

Organizational attention to the end of life and dying within the nursing home can help staff members to find more meaning in the work that they do and more support in the grieving process.



Enhance Front Line Staff's Capacity to be Responsive

1. Commit to consistent staffing.

Process:

- discontinue reliance on agency staff
- assign staff to hallways or units
- reduce call-ins and no-shows
- designate personal care advocates
- mentoring

Outcomes:

- reduced staff turnover
- improved quality of care
- improved quality of life
- reduced use of call system

Consistent staffing improves quality of life

for the resident because when the staff members know residents very well they can anticipate needs and desires.

Consistent staffing can also improve other organizational factors like turnover and environmental issues like use of the call system.

2. Develop self-managed work teams.

Process:

- implement consistent staffing
- assign interdisciplinary teams
- provide training and team building
- provide recognition and feedback processes

Outcomes:

- improved quality indicators
- improved resident satisfaction
- reduction in turnover

If two heads are better than one, multiple heads can be expected to perform at yet a higher level. Teams can use their differing skills and abilities cooperatively to problem solve and develop a better environment for residents.



3. Eliminate middle layers of management.

Process:

- make front-line staff more responsible for decisions that affect residents
- restructure job responsibilities especially at the nursing level

Outcomes:

- improved resident satisfaction
- improved quality of life
- improved quality of care

When the decisions are made at the level closest to the resident rather than going through several layers of management, the resident needs and desires can be addressed much more quickly.



4. Implement cross-training for all staff levels.

Process:

- provide training opportunities in multiple certifications
- require housekeepers to have certified nurse aide training
- reduce emphasis on task focus

Outcomes:

- improved staff satisfaction
- reduction in turnover
- improved quality of care
- improved quality of life

A narrow job design made it easy to train and replace workers but specialization may drive up perceptions of “that’s not my job,”

reducing responsiveness to residents. Some staff believe that being cross-trained brings more variety and stimulation to their work.

5. Involve nursing assistants in care planning and care conferences.

Process:

- ask for advice and suggestions from CNAs
- promote attendance by CNAs at care plan conferences
- assign care advocates to residents

Outcomes:

- staff retention
- improved quality of care, QIs
- improved family satisfaction

This is an area where there seems to be a pretty clear relationship between certified

nurse aides involvement with the care planning process and remaining with the organization. It would seem that this type of staff treatment implies that they are valued as an important decision maker in the organization. This type of arrangement requires diligence with scheduling and continuous reinforcement. Many homes start this arrangement but many also fail to keep it going.

6. Enable nursing assistants to handle scheduling

Process:

- staff schedules are set by units or neighborhoods rather than for full facility
- drop conventional staffing shifts
- allow staff to plan daily task schedules



Outcomes:

- increased staff satisfaction
- reduction in no shows/call ins
- reduction in staff turnover
- improved resident quality of life

Shift scheduling may be soon a thing of the past. With neighborhood staff developing their own systems, they may begin to staff according to resident needs which seldom fall within clear shift demarcations. Allowing flexibility in scheduling also allows the possibility of a greater job market because older women,



or people in school or trying to raise a family may be more likely to work part-time or unconventional shifts.



7. Modify hiring and retention practices.

Process:

- behavior-based interviewing
- extended orientation programs
- mentoring

Outcomes:

- staff retention
- reduction in no shows/call ins
- improved QIs
- staff satisfaction

Because most of the turnover happens within the first few months of a new staff member's employment, special attention should be paid to this critical time period. There is some evidence that extended orientation periods and mentoring and hiring practices that reinforce the expected behaviors of new employees, might improve staff outcomes.

8. Develop pro-active relationships with surveyors

Process:

- learn the regulations
- establish and nurture respectful relationships with surveyors
- work with surveyors in planning stages of change

Outcomes:

- improved Q.I.s
- improved staff satisfaction
- improved quality of life

Knowing the regulations very well and developing cooperative relationships with surveyors allows nursing homes to be more flexible with the regulations which may increase the opportunities for improving quality of life for residents. At the very least it assures the possibility of being able to think “outside of the box” which is necessary when promoting culture change.

Establish a Home

1. Promote a Sense of Community

Process:

- develop neighborhoods or households
- foster large group or facility-wide “community” activities
- hire a volunteer coordinator



Outcomes:

- improved quality of life
- increased resident engagement and interactions
- improved staff satisfaction

Fostering connections between residents and staff and residents and residents helps to establish community and a sense of belonging. These attributes are necessary if one is to develop a sense of being at “home” while living in the nursing home.

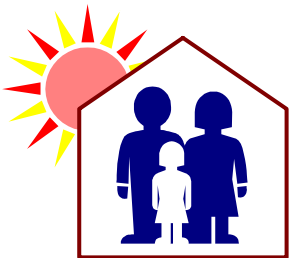
2. Include family members in decision making.

Process:

- establish family support groups
- work care plan conferences around family schedules
- develop orientation programs
- assign staff members as care advocates

Outcomes:

- improved family satisfaction
- increased family visitation
- improved quality of life



Family members are frequently confused about the role they play once their loved one has been admitted to the nursing home.

Developing connections between staff members and the family early in the admission process permits a

deep understanding of the ways that informal and formal care can work side-by-side to create the optimal environment for the resident. This may be encouraged by assigning a single staff member to one resident and their family as a liaison between the nursing home and the family.

3. Re-design institutional structures.

Process:

- develop neighborhoods or households with dedicated areas for dining and living
- re-design resident rooms for more privacy and to facilitate more personalization
- re-design public areas for stimulation and activity
- create outdoor living spaces

Outcomes:

- improved quality of life
- fewer behavior problems
- increased resident engagement and interactions
- improved appetite and weight gain
- better sleep

There is not yet enough information on how changing the physical environment might improve the lives of frail elders. However, there is some work that indicates that providing environments that allow residents to maximize their remaining physical and cognitive capacities increases resident satisfaction.



4. Create a holistic environment.

Process:

- introduce plants, pets, children
- create intergenerational programs
- offer surroundings that are reminiscent of past lives

Outcomes:

- improved immune system/faster recovery times
- reduced loneliness
- improved quality of life
- increased resident engagement and interactions



Enhancing the physical and social environment of the nursing home is good for everyone: residents, staff, and

family members. There has been some interesting research that has demonstrated the very positive effects of introducing elements from the community and outdoor environment into the nursing home.

Enhance Community Involvement

1. Strengthen formalized volunteer programs.

Process:

- hire a volunteer coordinator
- take advantage of local universities, colleges, and service groups
- form alliances with RSVP and other volunteer groups

Outcomes:

- improved quality of life
- increased resident engagement and interactions
- reduced stress on staff/staff retention

When increasing the staff to resident ratio is not an option, it may be necessary to increase the number of volunteers who can provide some of the activities so essential to creating an optimal quality of life for the residents. Volunteers can help residents maintain their connections with the outside community.

2. Provide intergenerational programs.

Process:

- partner with local schools and youth groups
- create programs for children and grandchildren of residents
- provide access to equipment and activities for family members

Outcomes:

- improved resident quality of life
- increased resident engagement and interactions
- possible new staff recruits



One of the problems with long-term care today is the ageism that persists in our society. Providing opportunities for young and old to interact may reduce the negative associations many younger people have with aging. An additional benefit is that family and young people may visit the nursing home more often and provide meaningful interactions for residents.



Conclusion: Process and Outcomes in a Managed Revolution.

The preceding list is not meant to be all inclusive. Only a few process and outcome variables have been included for each objective. These suggestions were merely meant to provoke discussion and further examination of the process that you might take to achieve your end goals. You might refer back to the Pioneering Change booklet for further suggestions as well as nursing homes that may serve as models for your efforts.

Timing for Measurements



When should you measure?

Assessment means to check out the situation before you start with your change strategy. In fact, this assessment process must come before

you even determine what your change strategy will be. It may mean a review of quality indicators to identify clinical weaknesses. It may mean a staff and/or family/resident satisfaction survey or the assessment may be related to organizational factors such as high staff turnover, low resident census, or an unfavorable reputation in the community. These are all good starting points. From them you can determine end goals: reduced staff turnover, improved clinical outcomes, but all of them should be with the ultimate goal of producing a culture change if you are to be committed to improving the quality of life for residents. At the pre-assessment period select other measurements that you are already taking from the list on page 2 that you think may be related to the strategy that you have selected. Record these for later reference.

The second measurement should occur within the first six months of the change and a third at an appropriate interval, but no more than a year later. Some



interventions should affect quick change that can be measured within a couple of months while others may take much longer. It will be up to your organization to determine the best time frame for measurement. Changes in dining generally show rapid changes in outcomes while a change such as flexible scheduling for staff may take quite a long time to register as improvements in staff retention.

Repeating the evaluation allows the opportunity to assure that positive growth has been retained or a weak performance has improved. Be sure to do several measurements at this time. First, check your process goals as stipulated by your goals and objectives set within the strategic planning process: have you achieved the goal that you had set for yourselves?

Secondly perform again the measurements that you took at the beginning of the change intervention. Compare the results with the pre-assessment measurements.

Try the following example.

Case Study: *Staff members at a nursing home run by the Veteran's Administration were discouraged because few family members visited the residents. At the same time their staff to resident ratio was not conducive to a great deal of personal attention for the residents. Consequently, residents spent*

a lot of time in null activity—doing nothing at all. The staff got together and determined that they would like to see the quality of life improved for residents by providing them with more one-on-one support.

Questions for reflection:

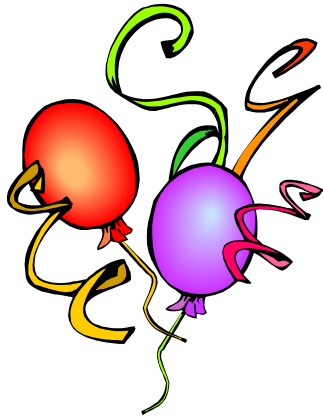
1. Name two strategies (process goals) that this staff may have chosen to produce the desired change.

2. The informal assessment that the staff had made was that residents lacked one-on-one interactions. This would be one of the measurements that they would take both before and after implementing a plan. What other outcomes could be examined?

3. When should the measurements be taken?



Now that You have the Measurements What Should You Do with Them?



Celebrate! The primary reason to do measurement is to provide constant feedback to the people who are working on the change projects as well as the persons receiving the benefits of the change. The best way to assure that the future will continue to improve is to make sure that past successes are given the recognition they deserve. Sometimes it is a good idea to start with just a small change, one that is almost a sure bet to be successful. This builds team members' confidence and the desire to continue on.

In addition to sharing this information internally, it is a good idea to let outside community members know about your achievements. It's a great marketing tool. This information can also be shared with regulators and policy makers so that they can be informed about the benefits provided by culture change.

Unfortunately, change will not always result in positive outcomes. Sometimes your efforts may lead to unexpected outcomes or even fail. If you have an understanding of measurement techniques you can begin to determine what part of the process failed so that it may be corrected or averted the next time a strategy is tried.

The staff at the Galichia Center on Aging would like to hear about your results. It is our mission to provide applied research information to administrators within the state of Kansas so that the quality of life for nursing home residents can improve everywhere. The most efficient, and we think most appreciated method, seems to be through example. We are very grateful to those of you who have accepted the responsibility of helping mentor other homes through the change process.

We would like to take the opportunity to restate yet again that while the objectives for culture change have been written as separate strategies, they do not by themselves represent culture change. It is much easier to assess and evaluate one objective at a time rather than to try to evaluate the effects of a comprehensive culture change. But it is comprehensive culture change that we are promoting. It makes no sense to commit to the time and effort of assessing and evaluating changes if the philosophy of changing behaviors and beliefs to create a optimal quality of life for residents is not understood by all.



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